

SERIAL NUMBER 09/137,491	FILING DATE 08/21/1998	CLASS 378	GROUP ART UNIT 2876	ATTORNEY DOCKET NO 9789.3801
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APPLICANT  
ELLIOTT B WEINGER, HOOLYWOOD, FLORIDA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
Paul

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED  
Paul

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED  
Paul

FOREIGN FILING LICENSE GRANTED 09/04/1998

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="radio"/> no O yes <input checked="" type="radio"/> no O Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWINGS 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
Verified and acknowledged Examiner's Name <u>Paul</u> Initials _____					

ADDRESS  
MALIN, HALEY & DIMAGGIO, PA  
1936 S. ANDREWS AVENUE  
FORT LAUDERDALE , FL 33316

TITLE  
MEDICAL X-RAY DIGITIZING AND CHART STORAGE SYSTEM

FILING FEE RECEIVED  \$**436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit _____
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SERIAL NUMBER 09/137,491	FILING DATE 08/21/98	CLASS 378	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 9789.3801
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APPLICANT

ELLIOTT B. WEINGER, HOOLYWOOD, FL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED *none*

*PRH*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED *none*

*PRH*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

*PRH none*

FOREIGN FILING LICENSE GRANTED 09/04/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
Verified and Acknowledged <i>PRH</i> Examiner's Initials			<i>PRH</i> Initials			

ADDRESS

BARRY L HALEY  
MAIN HALEY DIMAGGIO & CROSBY  
ONE EAST BROWARD BOULEVARD SUITE 1609  
FORT LAUDERDALE FL 33301

TITLE

MEDICAL X-RAY DIGITIZING AND CHART STORAGE SYSTEM

FILING FEE RECEIVED  \$436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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